

216006115  
80983

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 021	Agency Case No. B6-011241	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 02/08/2016		TIME OF ACCIDENT	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1804	02/08/2016	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. 535 P ST		PRIVATE PROPERTY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	LATITUDE	
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	IF AT INTERSECTION		IF NOT AT INTERSECTION			
1	NAME OF INTERSECTING ROADWAY		<input checked="" type="checkbox"/> FEET <input type="checkbox"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
V1/M	200.00		X	P ST		
V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
01	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
E	VEHICLE NO. 1					
9	DRIVER LICENSE NO.	DRIVER UNKNOWN		PHONE	STATE (Of License)	SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
V1/N	DRIVER ADDRESS		CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	LOCAL NO.	
V2/N	OWNER UNKNOWN		PHONE	LOCAL NO.		
G	OWNER ADDRESS		CITY, STATE, ZIP	CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.	
H	LICENSE PLATE NO.	YEAR	MAKE Unknown	MODEL	BODY STYLE Unknown body	COLOR unknown
V1/O	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
5	VEHICLE ID NO. (V/N)	TOWED TO		TOWED BY	ESTIMATED DAMAGE <input type="checkbox"/> TOTALED \$	
V2/O	TOWED TO		TOWED BY	POLICY NO.		
I	VEHICLE NO. 2					
7	DRIVER LICENSE NO.	DRIVER LEGALLY PARKED UNOCCUPIED		PHONE	STATE (Of License)	SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
V1/P	DRIVER ADDRESS		CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	LOCAL NO.	
V2/P	OWNER CALEB R PHARRIS		PHONE 3086273338	LOCAL NO.		
J	OWNER ADDRESS 3740 N 13TH ST, LINCOLN, NE 68521		CITY, STATE, ZIP	CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.	
V1/Q	LICENSE PLATE PA NO.	YEAR	MAKE	MODEL	BODY STYLE	COLOR
4	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
V2/Q	VEHICLE ID NO. (V/N)	TOWED TO		TOWED BY	ESTIMATED DAMAGE <input type="checkbox"/> TOTALED \$ 500	
K	TOWED TO		TOWED BY	POLICY NO. 4218655829		
01	TOWED TO		TOWED BY	POLICY NO.		
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)		1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F
VEH. #	NAME		ADDRESS			
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME		ADDRESS			
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME		ADDRESS			
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	

**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
**B6-011241**



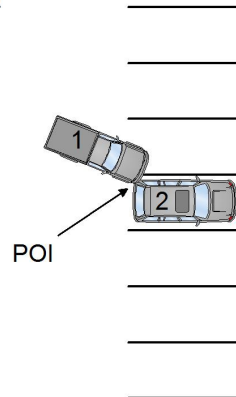
Indicate  
North  
by Arrow



*Not To Scale*

POI Unknown  
Owner of V2 did not know exact location of accident

V1 movement before collision is  
unknown



**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

Owner of Veh 2, Caleb, observed damage to the rear driver side of his vehicle when he got home from work today. He believed his vehicle was hit by another vehicle while it was parked in the Blue 3 parking garage at 535 P St between 0830 and 1730 hours, however he was not certain this was the location of the accident. Caleb stated he was parked on the 4th level of the garage today and that he was parked along the East wall. There are no known witnesses.

<b>PROPERTY</b>	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
<b>WITNESSES</b>	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION						POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS					
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	VEHICLE 1		VEHICLE 2								VEH 1	VEH 2		
1					535 P ST												0	0	
2			X		535 P ST	POINT OF IMPACT	12	POINT OF IMPACT	06							Driver No. 1	Driver No. 2		
1	13	06 Turning left 07 Making U-turn 08 Entering traffic lane 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown				MOST DAMAGED AREA	12	MOST DAMAGED AREA	06	1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown		1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown		ALCOHOL TESTING		Y	Y	Y	
2	10																	ALCOHOL LEVEL TESTED	
						00 None 09 Top & windows 10 Undercarriage 11 Total (all areas) 12 Other								BAC LEVEL					
										VEHICLE 2		VEHICLE 2		ALCOHOL/ DRUGS SUSPECTED		Driver No. 1	Driver No. 2		
														1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown		5	1		

OFFICER NO. <b>1648</b>	TROOP/ TEAM/ BEAT <b>NW</b>	DEPARTMENT <b>Lincoln Police Department</b>	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) <b>Paul Luce</b>		INVESTIGATOR SIGNATURE <b>Approved by Paul Luce</b>	DATE OF REPORT <b>02/08/2016</b>